

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Affiliated Physicians and Employers Master Trust	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	DBA Members Health Plan NJ	
3. Debtor's federal Employer Identification Number (EIN)	45-6416517	
4. Debtor's address	Principal place of business 80 Cottontail Lane Suite 204 Somerset, NJ 08873 Number, Street, City, State & ZIP Code Somerset County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_  
Name

**7. Describe debtor's business**

*A. Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

*B. Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

*C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.*  
 See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5251

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

*Check one:*

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_  
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

#### Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49               | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99              | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999            |  |  |

15. Estimated Assets
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input type="checkbox"/> \$10,000,001 - \$50 million           | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million          | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million         | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor

Affiliated Physicians and Employers Master Trust

Case number (if known)

Name

☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_  
Name

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 24, 2021  
MM / DD / YYYY

**X** /s/ Lawrence Downs  
Signature of authorized representative of debtor

Lawrence Downs  
Printed name

Title Chairman of Affiliated Physicians and  
Employers Master Trust

**18. Signature of attorney**

**X** /s/ Daniel M. Stolz  
Signature of attorney for debtor

Date May 24, 2021  
MM / DD / YYYY

Daniel M. Stolz  
Printed name

GENOVA BURNS LLC  
Firm name

110 Allen Road  
Suite 304  
Basking Ridge, NJ 07920  
Number, Street, City, State & ZIP Code

Contact phone (973) 467-2700 Email address dstolz@genovaburns.com

028461980 NJ  
Bar number and State

**IN THE UNITED STATES BANKRUPTCY COURT**

<b>In the Matter of:</b>	}	
	}	Case No.
<b>Affiliated Physicians and Employers</b>	}	
<b>Master Trust d/b/a Members Health Plan NJ,</b>	}	Chapter 11
	}	
<b>Debtor</b>	}	

**STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION**

I, Dawn Clessuras, declare under penalty of perjury that I am the Secretary of Affiliated Physicians and Employers Master Trust ("Trust"), and that the following is a true and correct copy of the resolutions adopted by the Trust's Executive and Finance Committee members, with the authority granted by the Trust's Board of Trustees, at a special meeting duly called and held on the 19th day of May, 2021.

"Whereas, it is in the best interest of this Trust to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that Lawrence Downs, Chairman of this Trust, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a Chapter 11 voluntary bankruptcy case on behalf of the Trust; and

Be It Further Resolved, that Lawrence Downs, Chairman of this Trust is authorized and directed to appear in all bankruptcy proceedings on behalf of the Trust, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the Trust in connection with such bankruptcy case, and

Be It Further Resolved, Lawrence Downs, Chairman of this Trust is authorized and directed to employ the law firm of GENOVA BURNS LLC to represent the Trust in such bankruptcy case."

Date: May 19, 2021

Signed: \_\_\_\_\_



Dawn Clessuras, Secretary

Resolution of Board of Directors  
of  
Affiliated Physicians and Employers Master Trust  
d/b/a Members Health Plan NJ

Whereas, it is in the best interest of this Trust to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that Lawrence Downs, Chairman of this Trust, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a Chapter 11 voluntary bankruptcy case on behalf of the Trust; and

Be It Further Resolved, that Lawrence Downs, Chairman of this Trust is authorized and directed to appear in all bankruptcy proceedings on behalf of the Trust, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the Trust in connection with such bankruptcy case, and

Be It Further Resolved, that Lawrence Downs, Chairman of this Trust is authorized and directed to employ the law firm of GENOVA BURNS LLC to represent the Trust in such bankruptcy case.

Date: May 19, 2021

Signed:   
Dawn Clessuras, Secretary

**Fill in this information to identify the case:**

Debtor name Affiliated Physicians and Employers Master Trust

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 24, 2021

**X** /s/ Lawrence Downs

Signature of individual signing on behalf of debtor

Lawrence Downs

Printed name

Chairman of Affiliated Physicians and Employers Master Trust

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name Affiliated Physicians and Employers Master Trust  
 United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Aetna PO Box 88863 Chicago, IL 60695-1863		Claims Funding				\$1,669,022.64
O.C.A. Benefit Services, LLC 3705 Quakerbridge Road Suite 216 Mercerville, NJ 08619		Vendor				\$30,126.08
AAJ Technologies 500 W. Cypress Creek Rd Suite 570 Fort Lauderdale, FL 33309		Vendor				\$27,789.70
Acrisure, LLC 310 Passaic Ave Suite 202 Fairfield, NJ 07004		Broker				\$0.00
Aetna PO Box 88863 Chicago, IL 60695-1863		Vendor				\$0.00
Alliance Benefit Solutions LLC 1800 Rt. 34, Bldg 2, #207 Wall, NJ 07719		Broker				\$0.00
Altigro Benefit Services 3 Route 46 West Fairfield, NJ 07004		Broker				\$0.00
Altomare Financial Group 1680 Route 23 North Suite 200 Wayne, NJ 07470		Broker				\$0.00

Debtor Affiliated Physicians and Employers Master Trust  
Name

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Ambassador Benefits Consulting, LLC 36 Ambassador Drive PO Box 8595 Red Bank, NJ 07701		Broker				\$0.00
American Benefits Planning Group 25 Independence Blvd. Suite 102 Warren, NJ 07059		Broker				\$0.00
Amita M. Patel DDS 659 New Dover Road Edison, NJ 08820		Broker				\$0.00
Anthony Canderozzi 10 Swallow Tail Court Jackson, NJ 08527		Broker				\$0.00
Anthony J. Fonseca Agency, LLC PO Box 1044 Springfield, NJ 07081		Broker				\$0.00
Anthony P. Carro 7 Westbrook Drive Morganville, NJ 07751		Broker				\$0.00
Anthony S. Cupo Agency 50 Mount Prospect Ave Clifton, NJ 07013		Broker				\$0.00
AP Benefit Advisors/Assured Partners 718 River Road Fair Haven, NJ 07704		Broker				\$0.00
April L. Masfield 122 Seminole Ave Oakland, NJ 07436		Broker				\$0.00
Bala Subramanian 14 Waldhaven Court Piscataway, NJ 08854		Broker				\$0.00
BIONJ 200 Jefferson Park Whippany, NJ 07981		Broker				\$0.00
BIS Risk Management, Inc. 520 Speedwell Ave Suite 105 Morris Plains, NJ 07950		Broker				\$0.00

Fill in this information to identify the case:

Debtor name Affiliated Physicians and Employers Master Trust

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ 0.00
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ 6,303,036.05
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ 6,303,036.05

Part 2: Summary of Liabilities

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ 0.00
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ 0.00
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ 1,726,938.42
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ 1,726,938.42

**Fill in this information to identify the case:**Debtor name Affiliated Physicians and Employers Master TrustUnited States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. TD Bank	Operating checking account	4295	\$197,779.84
3.2. TD Bank	Medical Claims Account-checking	4302	\$210,596.88
3.3. TD Bank	DOBI Custodial Account	6302	\$206,638.84
3.4. Bank of America	Operating Account	2073	\$637,782.15
3.5. Bank of America	Operating Account-2	2086	\$3,808,349.34

**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$5,061,147.05****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 1

Debtor Affiliated Physicians and Employers Master Trust Case number (If known) \_\_\_\_\_  
Name

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 2,483,778.00 - 1,241,889.00 = .... \$1,241,889.00  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 943,781.00 - 943,781.00 = .... \$0.00  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,241,889.00

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.  
☐ Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

Debtor Affiliated Physicians and Employers Master Trust Case number (If known) \_\_\_\_\_  
Name

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations customer listing	\$0.00		\$0.00
64.	Other intangibles, or intellectual property Yes	\$0.00		\$0.00

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor Affiliated Physicians and Employers Master Trust Case number (If known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	\$5,061,147.05	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$0.00	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$1,241,889.00	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$0.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$0.00	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$0.00	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		\$0.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$0.00	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. <b>Total.</b> Add lines 80 through 90 for each column	\$6,303,036.05	+ 91b. \$0.00
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		\$6,303,036.05

**Fill in this information to identify the case:**

Debtor name Affiliated Physicians and Employers Master Trust

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

**Be as complete and accurate as possible.**

**1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

**Fill in this information to identify the case:**

Debtor name Affiliated Physicians and Employers Master Trust

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		As of the petition filing date, the claim is: <i>Check all that apply.</i>	Amount of claim
3.1	Nonpriority creditor's name and mailing address AAJ Technologies 500 W. Cypress Creeek Rd Suite 570 Fort Lauderdale, FL 33309 Date(s) debt was incurred _____ Last 4 digits of account number _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$27,789.70</u>
3.2	Nonpriority creditor's name and mailing address Acrisure, LLC 310 Passaic Ave Suite 202 Fairfield, NJ 07004 Date(s) debt was incurred _____ Last 4 digits of account number _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.3	Nonpriority creditor's name and mailing address Aetna PO Box 88863 Chicago, IL 60695-1863 Date(s) debt was incurred _____ Last 4 digits of account number _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.4	Nonpriority creditor's name and mailing address Aetna PO Box 88863 Chicago, IL 60695-1863 Date(s) debt was incurred _____ Last 4 digits of account number _____	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Claims Funding</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,669,022.64</u>

Debtor	Affiliated Physicians and Employers Master Trust <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

---

3.5	<b>Nonpriority creditor's name and mailing address</b> Alliance Benefit Solutions LLC 1800 Rt. 34, Bldg 2, #207 Wall, NJ 07719  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-----	---	--	---------

---

3.6	<b>Nonpriority creditor's name and mailing address</b> Altigro Benefit Services 3 Route 46 West Fairfield, NJ 07004  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-----	--	--	---------

---

3.7	<b>Nonpriority creditor's name and mailing address</b> Altomare Financial Group 1680 Route 23 North Suite 200 Wayne, NJ 07470  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-----	---	--	---------

---

3.8	<b>Nonpriority creditor's name and mailing address</b> Ambassador Benefits Consulting, LLC 36 Ambassador Drive PO Box 8595 Red Bank, NJ 07701  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-----	---	--	---------

---

3.9	<b>Nonpriority creditor's name and mailing address</b> American Benefits Planning Group 25 Independence Blvd. Suite 102 Warren, NJ 07059  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-----	--	--	---------

---

3.10	<b>Nonpriority creditor's name and mailing address</b> Amita M. Patel DDS 659 New Dover Road Edison, NJ 08820  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	---------

---

3.11	<b>Nonpriority creditor's name and mailing address</b> Anthony Canderozzi 10 Swallow Tail Court Jackson, NJ 08527  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	---------

Debtor	Affiliated Physicians and Employers Master Trust <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

  

3.12	<b>Nonpriority creditor's name and mailing address</b> Anthony J. Fonseca Agency, LLC PO Box 1044 Springfield, NJ 07081  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.13	<b>Nonpriority creditor's name and mailing address</b> Anthony P. Carro 7 Westbrook Drive Morganville, NJ 07751  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.14	<b>Nonpriority creditor's name and mailing address</b> Anthony S. Cupo Agency 50 Mount Prospect Ave Clifton, NJ 07013  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.15	<b>Nonpriority creditor's name and mailing address</b> AP Benefit Advisors/Assured Partners 718 River Road Fair Haven, NJ 07704  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.16	<b>Nonpriority creditor's name and mailing address</b> April L. Masefield 122 Seminole Ave Oakland, NJ 07436  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.17	<b>Nonpriority creditor's name and mailing address</b> Bala Subramanian 14 Waldhaven Court Piscataway, NJ 08854  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.18	<b>Nonpriority creditor's name and mailing address</b> BIONJ 200 Jefferson Park Whippany, NJ 07981  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_  
Name

3.19	<b>Nonpriority creditor's name and mailing address</b> BIS Risk Management, Inc. 520 Speedwell Ave Suite 105 Morris Plains, NJ 07950 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.20	<b>Nonpriority creditor's name and mailing address</b> Blue Ocean Benefits 1971 State Hwy 34 Suite 202 Wall, NJ 07719 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.21	<b>Nonpriority creditor's name and mailing address</b> Boynton & Boynton 21 Cedar Ave Red Bank, NJ 07704 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.22	<b>Nonpriority creditor's name and mailing address</b> Brainbuilders, LLC 945 River Ave., Suite 201 Lakewood, NJ 08701 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.23	<b>Nonpriority creditor's name and mailing address</b> Broker on Demand LLC 1088 Hoover Drive North Brunswick, NJ 08902 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.24	<b>Nonpriority creditor's name and mailing address</b> Brown & Brown of Pennsylvania LP 125 E. Elm Street Suite 210 Conshohocken, PA 19428 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.25	<b>Nonpriority creditor's name and mailing address</b> Cape Life & Health LLC 1022 Seashore Road Cape May, NJ 08204 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_  
Name

3.26	<b>Nonpriority creditor's name and mailing address</b> CBIZ Benefits Insurance Services, Inc. 700 West 4th Street Suite 1100 Kansas City, MO 64112 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.27	<b>Nonpriority creditor's name and mailing address</b> Centerpoint Consulting 461 Somerset St. North Plainfield, NJ 07060 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.28	<b>Nonpriority creditor's name and mailing address</b> Centerstone Insurance & Financial Svcs 12404 Park Central Drive Suite 400S Dallas, TX 75251 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.29	<b>Nonpriority creditor's name and mailing address</b> Chadler Solutions 100 Passaic Ave. Suite 120 Fairfield, NJ 07004 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.30	<b>Nonpriority creditor's name and mailing address</b> Chas E Rue & Son, Inc. 3812 Quakerbridge Road Hamilton, NJ 08619 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.31	<b>Nonpriority creditor's name and mailing address</b> Christina King 475 Metro Place S. #210 Dublin, OH 43017 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.32	<b>Nonpriority creditor's name and mailing address</b> Christopher DeMarco 72 Eagle Rock Ave., #260 East Hanover, NJ 07936 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_  
Name

3.33	<b>Nonpriority creditor's name and mailing address</b> Clarke Insurance Agency, Inc. 211 High Street Mount Holly, NJ 08060 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.34	<b>Nonpriority creditor's name and mailing address</b> Coastal Financial Group 150 River Road Suite E3 Montville, NJ 07045 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.35	<b>Nonpriority creditor's name and mailing address</b> Concord Management Resources 399 Campus Dr. Suite 300, Floor 3 Somerset, NJ 08873 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.36	<b>Nonpriority creditor's name and mailing address</b> Congilose & Associates, Inc. 2111 Route 34 South Wall, NJ 07719 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.37	<b>Nonpriority creditor's name and mailing address</b> Conner Strong & Buckelew Companies, LLC PO Box 99106 Camden, NJ 08101 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.38	<b>Nonpriority creditor's name and mailing address</b> Cook Maran & Assocaites, Inc. 40 Marcus Drive, 3rd Fl. Melville, NY 11937 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.39	<b>Nonpriority creditor's name and mailing address</b> Cooper Levenson 1125 Atlantic Ave Atlantic City, NJ 08401 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Affiliated Physicians and Employers Master Trust <small>Name</small>		Case number (if known)
--------	---	--	------------------------

---

3.40	<b>Nonpriority creditor's name and mailing address</b> Core Benefit Concepts, LLC 338 Post Avenue Lyndhurst, NJ 07071  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	---------

---

3.41	<b>Nonpriority creditor's name and mailing address</b> Cornerstone Financial Group 51 Main Street Succasunna, NJ 07876  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	--	---------

---

3.42	<b>Nonpriority creditor's name and mailing address</b> Corporate Benefit Solutions 704 Passaic Ave. West Caldwell, NJ 07006  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	---------

---

3.43	<b>Nonpriority creditor's name and mailing address</b> Corporate Star, LLC 1001 West Main St. Suite C Freehold, NJ 07728  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	---------

---

3.44	<b>Nonpriority creditor's name and mailing address</b> Corporate Synergies Group, LLC 2 Aquarium Drive Suite 200 Camden, NJ 08103  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	--	---------

---

3.45	<b>Nonpriority creditor's name and mailing address</b> Dacca Insurance Agency, LLC 2 Katie Court Lakewood, NJ 08701  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	---------

---

3.46	<b>Nonpriority creditor's name and mailing address</b> Daniel Carnicella 661 Franklin Ave Nutley, NJ 07110  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	--	---------

Debtor	Affiliated Physicians and Employers Master Trust <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

  

3.47	<b>Nonpriority creditor's name and mailing address</b> Daniel Goldstein Insurance Agency, Inc. 1119 Somerset Ave. Lakewood, NJ 08701  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	--	---------

---

3.48	<b>Nonpriority creditor's name and mailing address</b> David O'Neill 8 Baltimore Blvd. Sea Girt, NJ 08750  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	---------

---

3.49	<b>Nonpriority creditor's name and mailing address</b> Deepak Belani 3406 Springbrook Drive Edison, NJ 08820  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	--	---------

---

3.50	<b>Nonpriority creditor's name and mailing address</b> Deerwalk, Inc. 430 Bedford Street Suite 175 Lexington, MA 02420  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	---------

---

3.51	<b>Nonpriority creditor's name and mailing address</b> Definitive Insurance Mgmt Services, Inc. 24 Arnett Ave. Suite 115 Lambertville, NJ 08530  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	--	---------

---

3.52	<b>Nonpriority creditor's name and mailing address</b> Delta Dental 1639 Rte 10 Parsippany, NJ 07054  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	--	---------

---

3.53	<b>Nonpriority creditor's name and mailing address</b> Digital Insurance, Inc. 200 Galleria Parkway Suite 1950 Atlanta, GA 30339  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	---------

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_  
Name

3.54	<b>Nonpriority creditor's name and mailing address</b> Doamm Agency, LLC 3131 Princeton Pike Bldg. #6, Suite #201 Lawrenceville, NJ 08648  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.55	<b>Nonpriority creditor's name and mailing address</b> Dominion Financial Group 766 Shrewsbury Ave. Suite 304 Tinton Falls, NJ 07724  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.56	<b>Nonpriority creditor's name and mailing address</b> Dorothy Albala 2131 Burtonsville Drive Henderson, NV 89044  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.57	<b>Nonpriority creditor's name and mailing address</b> Edward J. Marko 239 Prospect Plains Road Suite C202 Monroe Township, NJ 08831  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.58	<b>Nonpriority creditor's name and mailing address</b> Elena Novikova 147 Levinberg Lane Wayne, NJ 07470  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.59	<b>Nonpriority creditor's name and mailing address</b> Eli Benefits LLC 11 Timber Trail Boonton, NJ 07005  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.60	<b>Nonpriority creditor's name and mailing address</b> Emerson, Reid & Co., Inc. 3669 River Drive Center II Suite 305 Elmwood Park, NJ 07407  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_  
Name

3.61	<b>Nonpriority creditor's name and mailing address</b> Faenza Family Insurance Agency LC 285 Gordons Corner Road Manalapan, NJ 07726 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.62	<b>Nonpriority creditor's name and mailing address</b> FFP Insurance Services 871 Poole Ave. Hazlet, NJ 07730 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.63	<b>Nonpriority creditor's name and mailing address</b> FNA Insurance Services, Inc. 1000 Woodbury Lane Suite 403 Woodbury, NY 11797 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.64	<b>Nonpriority creditor's name and mailing address</b> Forest Financial Group 52 Forest Ave. Paramus, NJ 07652 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.65	<b>Nonpriority creditor's name and mailing address</b> Francis J. White PO Box 35 Kendall Park, NJ 08824 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.66	<b>Nonpriority creditor's name and mailing address</b> Frank M. Scozzafava 11 Sunflower Avenue Prudential Paramus, NJ 07652 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.67	<b>Nonpriority creditor's name and mailing address</b> Gallagher Benefit Services 2850 Golf Road Rolling Meadows, IL 60008 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Affiliated Physicians and Employers Master Trust <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

---

3.68	<b>Nonpriority creditor's name and mailing address</b> Garrick Cox, MD LLC 246 Hamburg Turnpike Suite 302 Wayne, NJ 07470  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	---	---------

---

3.69	<b>Nonpriority creditor's name and mailing address</b> Gary O. Genuario 113 East Passaic Ave. Bloomfield, NJ 07003  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	--	---------

---

3.70	<b>Nonpriority creditor's name and mailing address</b> Gerald L. Goldfischer 1354 River Road Teaneck, NJ 07666  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	--	---------

---

3.71	<b>Nonpriority creditor's name and mailing address</b> Gilbert Carrara Insurance Agency, Inc. 466 Southern Blvd. Washington Bldg., 2nd Fl. Chatham, NJ 07928  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	---------

---

3.72	<b>Nonpriority creditor's name and mailing address</b> Glenn E. Stephenson 3 Werner Way Suite 204 Lebanon, NJ 08833  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	--	---------

---

3.73	<b>Nonpriority creditor's name and mailing address</b> Glushanok & Associates LLC 1 International Blvd. Suite 720 Mahwah, NJ 07495  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	---------

---

3.74	<b>Nonpriority creditor's name and mailing address</b> Grinspec of NJ dba Centric Benefits Cons 219 South Street New Providence, NJ 07974  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	---------

Debtor	Affiliated Physicians and Employers Master Trust <small>Name</small>		Case number (if known)
--------	---	--	------------------------

  

3.75	<b>Nonpriority creditor's name and mailing address</b> Group Health Solutions, Inc. 437 E. Allen St., 2nd Fl. Hudson, NY 12534  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.76	<b>Nonpriority creditor's name and mailing address</b> Guardian Life Insurance Co. PO Box 824404 Philadelphia, PA 19182-4404  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.77	<b>Nonpriority creditor's name and mailing address</b> Hafetz and Associates, LLC 609 New Road Linwood, NJ 08221  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.78	<b>Nonpriority creditor's name and mailing address</b> Harbor Lights Risk Management 252 Washington St. Suite B1 Toms River, NJ 08753  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.79	<b>Nonpriority creditor's name and mailing address</b> Harry Riesenbergs 623 Eagle Rock Ave. #382 West Orange, NJ 07052  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.80	<b>Nonpriority creditor's name and mailing address</b> HCP National Insurance Services 16A Journey, Suite 150 Aliso Viejo, CA 92656  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.81	<b>Nonpriority creditor's name and mailing address</b> Healthcare Business Planning Group, LLC PO Box 443 Manalapan, NJ 07726  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Affiliated Physicians and Employers Master Trust <small>Name</small>	Case number (if known)	
--------	---	------------------------	--

  

3.82	<b>Nonpriority creditor's name and mailing address</b> Henry O. Baker, Inc. 7 S. Warren St. Dover, NJ 07801  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.83	<b>Nonpriority creditor's name and mailing address</b> Herbert L. Jamison & Co., LLC 20 Commerce Drive Suite 200 Cranford, NJ 07016  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.84	<b>Nonpriority creditor's name and mailing address</b> HUB International Northeast Limited 1393 Veterans Memorial Hwy Suite 210N Hauppauge, NY 11788  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.85	<b>Nonpriority creditor's name and mailing address</b> Hudson Shore Group 141 W. Front St. Suite 310 Red Bank, NJ 07701  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.86	<b>Nonpriority creditor's name and mailing address</b> Hudson Wealth Management LLC 30 Broad Street Suite 2 Red Bank, NJ 07701  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.87	<b>Nonpriority creditor's name and mailing address</b> Hueston McNulty, P.C. 256 Columbia Turnpike Suite 207 Florham Park, NJ 07932  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.88	<b>Nonpriority creditor's name and mailing address</b> Ideal Insurance Agency 326 3rd Street Lakewood, NJ 08701  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Affiliated Physicians and Employers Master Trust <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

  

3.89	<b>Nonpriority creditor's name and mailing address</b> Innovative Captive Strategies, LLC 2727 Grand Prairie Parkway Waukeg, IA 50263  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">Unknown</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.90	<b>Nonpriority creditor's name and mailing address</b> Innovative Life and Health Corp. 116 Tamarack Circle Skillman, NJ 08558  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">Unknown</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.91	<b>Nonpriority creditor's name and mailing address</b> Insurance Compliance Agency, Inc. 2 Kellie Court Califon, NJ 07853  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">Unknown</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.92	<b>Nonpriority creditor's name and mailing address</b> Integrative Health & Benefit Solutions L 14 Carol Place Freehold, NJ 07728  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">Unknown</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.93	<b>Nonpriority creditor's name and mailing address</b> Integrity Health LLC 76 W. Gilbert St. Red Bank, NJ 07701  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">Unknown</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.94	<b>Nonpriority creditor's name and mailing address</b> IOA Northeast Inc. 1451 Route 34 Suite 100 Farmingdale, NJ 07727  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">Unknown</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95	<b>Nonpriority creditor's name and mailing address</b> J.D. Moschitto & Associates, Inc. 2 Lyon Place White Plains, NY 10601  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">Unknown</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Affiliated Physicians and Employers Master Trust <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

  

3.96	<b>Nonpriority creditor's name and mailing address</b> Jabulani Lovelace 282 Dewey Place Teaneck, NJ 07666  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	--	---------

---

3.97	<b>Nonpriority creditor's name and mailing address</b> Jacobson, Goldfarb and Scott, Inc. 101 Crawfords Corner Road Suite 1300 Holmdel, NJ 07733  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	---------

---

3.98	<b>Nonpriority creditor's name and mailing address</b> James Dawson/Dawson Benefits 24 Torton Road Mahwah, NJ 07430  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	--	--	---------

---

3.99	<b>Nonpriority creditor's name and mailing address</b> James Laplace 520 New Jersey Avenue Brick, NJ 08724  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
------	---	--	---------

---

3.100	<b>Nonpriority creditor's name and mailing address</b> James M. Restaino 555 South Ave. East Unit 432 Cranford, NJ 07016  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

---

3.101	<b>Nonpriority creditor's name and mailing address</b> James McNamara 119 Hillcrest Ave. Neptune, NJ 07753  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

---

3.102	<b>Nonpriority creditor's name and mailing address</b> Jamie A. Betar 1305 Campus Parkway Wall Township, NJ 07753  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

Debtor	Affiliated Physicians and Employers Master Trust <small>Name</small>		Case number (if known)
--------	---	--	------------------------

---

3.103	<b>Nonpriority creditor's name and mailing address</b> Jerome P. Goldberg 110 Fieldcrest Ave. Suite 20 Edison, NJ 08837  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

---

3.104	<b>Nonpriority creditor's name and mailing address</b> Jerzy Wiech 11 Delbarton Ct. Hackettstown, NJ 07840  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

---

3.105	<b>Nonpriority creditor's name and mailing address</b> John C. Haugh 39 Michelle Way Pine Brook, NJ 07058  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

---

3.106	<b>Nonpriority creditor's name and mailing address</b> Johnson Kendall & Johnson Benefits Inc. 109 Pheasant Run Newtown, PA 18940  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

---

3.107	<b>Nonpriority creditor's name and mailing address</b> Joseph Curcio 327 Tulip Lane Freehold, NJ 07728  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

---

3.108	<b>Nonpriority creditor's name and mailing address</b> Karabulut and Co Ins Agency LLC 318 Clifton Ave Clifton, NJ 07011  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

---

3.109	<b>Nonpriority creditor's name and mailing address</b> Karen R. Kuiphoff 39 North Western Ave Butler, NJ 07405  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

Debtor	Affiliated Physicians and Employers Master Trust <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

  

3.110	<b>Nonpriority creditor's name and mailing address</b> Karl W. Keller 840 Vail Road Parsippany, NJ 07054  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.111	<b>Nonpriority creditor's name and mailing address</b> Katz Pierz Inc. 413 Marlton Pike East Suite 110 Cherry Hill, NJ 08034  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.112	<b>Nonpriority creditor's name and mailing address</b> Kbenefits, LLC 13 Mead Avenue Freehold, NJ 07728  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.113	<b>Nonpriority creditor's name and mailing address</b> Kenneth J. Chiellini 249 Rockland Ave River Vale, NJ 07675  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.114	<b>Nonpriority creditor's name and mailing address</b> Keown Insurance Group, LLC 640 Bensel Drive Landing, NJ 07850  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.115	<b>Nonpriority creditor's name and mailing address</b> Kevin Schaffer Insurance Concepts 10 W. 18th St. Ocean City, NJ 08226  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.116	<b>Nonpriority creditor's name and mailing address</b> Keystone Planning Group, LLCQ 1303 Greenway Blvd. Roselle, NJ 07203  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_  
Name

3.117	<b>Nonpriority creditor's name and mailing address</b> Kistler Tiffany Benefits 400 Berwyn Park, Suite 200 899 Cassatt Road Berwyn, PA 19312  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">Unknown</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118	<b>Nonpriority creditor's name and mailing address</b> Konteego LLC 50 Division St., Suite 202 Somerville, NJ 08876  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">Unknown</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119	<b>Nonpriority creditor's name and mailing address</b> Kore Insurance Holdings LLC 354 E Wisenhower Parkway Livingston, NJ 07039  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">Unknown</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120	<b>Nonpriority creditor's name and mailing address</b> Kristin M. Belger PO Box 552 Manasquan, NJ 08736  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">Unknown</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121	<b>Nonpriority creditor's name and mailing address</b> Laurie Goldsmith-Heitner, CLU 750 Castleman Drive Westfield, NJ 07090  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">Unknown</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122	<b>Nonpriority creditor's name and mailing address</b> Law Office of Cohens and Howard LLP 766 Shrewsbury Ave Tinton Falls, NJ 07724  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">Unknown</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.123	<b>Nonpriority creditor's name and mailing address</b> Liberty Insurance Agency Inc. 525 Route 33 Millstone Township, NJ 08535  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;">Unknown</span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Affiliated Physicians and Employers Master Trust <small>Name</small>		Case number (if known)
--------	---	--	------------------------

---

3.124	<b>Nonpriority creditor's name and mailing address</b> Lincoln Management Corp. 703 Hommann Ave Perth Amboy, NJ 08861  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

---

3.125	<b>Nonpriority creditor's name and mailing address</b> Marsh & McLennan Agency, LLC 250 Pehle Ave, Suite 400 Park 80 West, Plaza Two Saddle Brook, NJ 07663  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

---

3.126	<b>Nonpriority creditor's name and mailing address</b> Martin Insurance Services Inc. 259 Prospect Plains Road Bldg. F, Suite 110 Cranbury, NJ 08512  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

---

3.127	<b>Nonpriority creditor's name and mailing address</b> Medical Society of NJ Insurance Agency 2 Princess Road Lawrenceville, NJ 08648  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

---

3.128	<b>Nonpriority creditor's name and mailing address</b> Meeker Sharkey Assoc. LLC 21 Commerce Drive Suite 200 Cranford, NJ 07016  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

---

3.129	<b>Nonpriority creditor's name and mailing address</b> Mercherie Bladzinski 801 SW San Antonio Dr Palm City, FL 34990  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

---

3.130	<b>Nonpriority creditor's name and mailing address</b> Mid Atlantic Benefit Strategies 1800 Route 34 Building 2, Suite 201 Wall, NJ 07719  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_  
Name

3.131	<b>Nonpriority creditor's name and mailing address</b> Middlesex Emergency Physicians PA PO Box 634575 Cincinnati, OH 45263-4575 <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.132	<b>Nonpriority creditor's name and mailing address</b> MJL Insurance Agency 1075 Route 82 Suite 6 Hopewell Junction, NY 12533 <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.133	<b>Nonpriority creditor's name and mailing address</b> Monica Cristina Murray 33506 Windcrest Estates Blvd. Magnolia, TX 77354 <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.134	<b>Nonpriority creditor's name and mailing address</b> Name Benefits Inc. 170 Route 31, Suite 13 Flemington, NJ 08822 <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.135	<b>Nonpriority creditor's name and mailing address</b> New Agency Partners, LLC 20 Waterview Blvd, Suite 401 Parsippany, NJ 07054 <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.136	<b>Nonpriority creditor's name and mailing address</b> Nick Shah 1449 Washington Valley Road Bridgewater, NJ 08807 <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.137	<b>Nonpriority creditor's name and mailing address</b> NJ Association of Health Underwriters 312 North Avenue East Suite 5 Cranford, NJ 07016 <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Affiliated Physicians and Employers Master Trust <small>Name</small>		Case number (if known)
--------	---	--	------------------------

---

3.138	<b>Nonpriority creditor's name and mailing address</b> Northeast Professional Planning Group 494 Sycamore Ave Shrewsbury, NJ 07702  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

---

3.139	<b>Nonpriority creditor's name and mailing address</b> O.C.A. Benefit Services, LLC 3705 Quakerbridge Road Suite 216 Mercerville, NJ 08619  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,126.08
-------	--	--	-------------

---

3.140	<b>Nonpriority creditor's name and mailing address</b> Otterstedt Insurance Agency 540 Sylvan Ave Englewood Cliffs, NJ 07632  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

---

3.141	<b>Nonpriority creditor's name and mailing address</b> Park Avenue Insurance Agency 410 Monmouth Ave Suite 302 Lakewood, NJ 08701  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

---

3.142	<b>Nonpriority creditor's name and mailing address</b> Partnerre America Insurance Company 450 Sansome Street, 4th Fl. San Francisco, CA 94111  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

---

3.143	<b>Nonpriority creditor's name and mailing address</b> Patrick Bernard Grant 481 Upper Blvd. Ridgewood, NJ 07450  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

---

3.144	<b>Nonpriority creditor's name and mailing address</b> Patrick M. Kuster 268 N. Chestnut St. Massapequa, NY 11758  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_  
Name

3.145	<b>Nonpriority creditor's name and mailing address</b> Philip Siciliano 65 Swimming River Road Lincroft, NJ 07738  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.146	<b>Nonpriority creditor's name and mailing address</b> Precision Benefits Group 2325 Brown St., Suite 1F Philadelphia, PA 19130  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.147	<b>Nonpriority creditor's name and mailing address</b> Princeton Institute of Languages dba Inlingua 100 Canal Point Blvd, Suite 206 Princeton, NJ 08540  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.148	<b>Nonpriority creditor's name and mailing address</b> Princeton Strategic Comm 160 W. State St., Suite 7 Trenton, NJ 08608  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.149	<b>Nonpriority creditor's name and mailing address</b> Professional Group Plans PO Box 21219 New York, NY 10087-1219  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.150	<b>Nonpriority creditor's name and mailing address</b> Prudentrx, LLC 3820 Northdale Blvd. Suite 311A Tampa, FL 33624  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.151	<b>Nonpriority creditor's name and mailing address</b> R. Stephens Financial, Inc. 10 Wilsey Square Ridgewood, NJ 07450  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Affiliated Physicians and Employers Master Trust <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

---

3.152	<b>Nonpriority creditor's name and mailing address</b> Rakesh K. Sharma c/o New York Life Insurance 379 Thornall St., 8th Fl. Edison, NJ 08837  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

---

3.153	<b>Nonpriority creditor's name and mailing address</b> Renee M. Snyder 54 Sandpiper Drive Manalapan, NJ 07726  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

---

3.154	<b>Nonpriority creditor's name and mailing address</b> Robert D'Meo 276 Main St. Metuchen, NJ 08840  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

---

3.155	<b>Nonpriority creditor's name and mailing address</b> Robert Siegel 5 Roehm Court West Orange, NJ 07052  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

---

3.156	<b>Nonpriority creditor's name and mailing address</b> Robert Van Riper Insurance Agency, Inc. 10 Orchard Road Pompton Plains, NJ 07444  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

---

3.157	<b>Nonpriority creditor's name and mailing address</b> Robert Wolf 355 Lexington Ave. 22nd Fl. New York, NY 10017  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

---

3.158	<b>Nonpriority creditor's name and mailing address</b> Ronald J. Costello 195 Maple Ave. Red Bank, NJ 07701  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_  
Name

3.159	<b>Nonpriority creditor's name and mailing address</b> Samra Plastic Surgery 733 North Beers Street Holmdel, NJ 07733 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.160	<b>Nonpriority creditor's name and mailing address</b> Savoy Associates 25B Hanover Road Florham Park, NJ 07932 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.161	<b>Nonpriority creditor's name and mailing address</b> SDF Associates 1991 Ltd. 571 McDonald Ave. Brooklyn, NY 11218 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.162	<b>Nonpriority creditor's name and mailing address</b> Shore Benefits Brokerage LLC 4 Interlaken Drive Interlaken, NJ 07712 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.163	<b>Nonpriority creditor's name and mailing address</b> Sovos Compliance LLC 200 Ballardville St. Building #1, 4th Fl. Wilmington, MA 01887 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.164	<b>Nonpriority creditor's name and mailing address</b> Specialized Health Services LLC 555 South Avenue East Unit 432 Cranford, NJ 07016 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.165	<b>Nonpriority creditor's name and mailing address</b> Stanely H. Allen, Inc. 630 S. Brewster Road, Bldg. C PO Box 790 Vineland, NJ 08362-0790 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_  
Name

3.166	<b>Nonpriority creditor's name and mailing address</b> State of New Jersey General Treasury 20 West State St. PO Box 325 Trenton, NJ 08625 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.167	<b>Nonpriority creditor's name and mailing address</b> Stephen Bartsch 364 Parsippany Road Suite 10B Parsippany, NJ 07054 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.168	<b>Nonpriority creditor's name and mailing address</b> Stephen Degersdorff 161 Little Silver Point Road Little Silver, NJ 07739 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.169	<b>Nonpriority creditor's name and mailing address</b> Sterling Insurance Concepts 902 East County Line Road Lakewood, NJ 08701 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.170	<b>Nonpriority creditor's name and mailing address</b> Strategic Benefits Group LLC PO Box 480 Roseland, NJ 07068 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.171	<b>Nonpriority creditor's name and mailing address</b> Strategic Group Partners LLC 14 Ave K Monroe Township, NJ 08831 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.172	<b>Nonpriority creditor's name and mailing address</b> Strategic Underwriting Solutions, Inc. 2593 Development Drive Suite 200 Green Bay, WI 54311 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_  
Name

3.173	<b>Nonpriority creditor's name and mailing address</b> Susan Rymer 264 Branchport Ave Long Branch, NJ 07740 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.174	<b>Nonpriority creditor's name and mailing address</b> Suzanne Seligson 87 Buckingham Road Montclair, NJ 07043 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.175	<b>Nonpriority creditor's name and mailing address</b> Temple FAC Endocrinology PO Box 824940 Philadelphia, PA 19182-4940 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.176	<b>Nonpriority creditor's name and mailing address</b> The Hamilton Group 3 Wing Drive Cedar Knolls, NJ 07927 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.177	<b>Nonpriority creditor's name and mailing address</b> The HIC Group 20 Waterview Blvd. Suite 401 Parsippany, NJ 07054 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.178	<b>Nonpriority creditor's name and mailing address</b> The O'Connor Group 15 Wychview Drive Westfield, NJ 07090 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.179	<b>Nonpriority creditor's name and mailing address</b> The Preferred Client Group LLC 11 Fowler Drive West Orange, NJ 07052 Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_  
Name

3.180	<b>Nonpriority creditor's name and mailing address</b> The Stratford Financial Group, Inc. 271 Route 46 West Suite G-206 Fairfield, NJ 07004  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.181	<b>Nonpriority creditor's name and mailing address</b> The Wilshire Group 2035 Lincoln Highway Suite 1080 Edison, NJ 08817  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.182	<b>Nonpriority creditor's name and mailing address</b> Thomas Gawron 4 Talina Court Ramsey, NJ 07446  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.183	<b>Nonpriority creditor's name and mailing address</b> Thomas Giunta 203 Arbutus Ave Staten Island, NY 10312  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.184	<b>Nonpriority creditor's name and mailing address</b> Total Transit Solutions, Inc. 108 Williamsburg Lane Lakewood, NJ 08701  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.185	<b>Nonpriority creditor's name and mailing address</b> Two River Benefits Consultants, LLC 818 Shrewsbury Ave Tinton Falls, NJ 07724  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.186	<b>Nonpriority creditor's name and mailing address</b> USI Insurance Services LLC 200 Summit Lake Drive Suite 350 Valhalla, NY 10595  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Affiliated Physicians and Employers Master Trust <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

---

3.187	<b>Nonpriority creditor's name and mailing address</b> Vincent Pace 4 Van Duyne Ct Towaco, NJ 07082  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

---

3.188	<b>Nonpriority creditor's name and mailing address</b> Whitney H Roddy Inc. PO Box 149 Bloomfield, NJ 07003  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

---

3.189	<b>Nonpriority creditor's name and mailing address</b> William A. Narduzzi PO Box 480 Roseland, NJ 07068  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

---

3.190	<b>Nonpriority creditor's name and mailing address</b> William Henry Phelan 78 Main St. PO Box 759 Madison, NJ 07940  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

---

3.191	<b>Nonpriority creditor's name and mailing address</b> William O'Shea 45 N. Broad St. Ridgewood, NJ 07450  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	--	--	---------

---

3.192	<b>Nonpriority creditor's name and mailing address</b> Willis of New Jersey, Inc. 150 John F. Kennedy Parkway Suite 520 Short Hills, NJ 07078  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

---

3.193	<b>Nonpriority creditor's name and mailing address</b> Windsor Strategy Partners, Inc. 777 Alexander Road Suite 201 Princeton, NJ 08540  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
-------	---	--	---------

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_  
Name \_\_\_\_\_

3.194	<b>Nonpriority creditor's name and mailing address</b> WithumSmith & Brown 506 Carnegie Center #400 Princeton, NJ 08540  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.195	<b>Nonpriority creditor's name and mailing address</b> Workplace Benefits 13 Patricia Lane Sparta, NJ 07871  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.196	<b>Nonpriority creditor's name and mailing address</b> World Insurance Associates LLC 656 Shrewsbury Ave Suite 200 Tinton Falls, NJ 07701  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.197	<b>Nonpriority creditor's name and mailing address</b> Zimmerman Financial Group, Inc. 7 Stadelman Court Kendall Park, NJ 08824  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Broker</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Lawall & Mitchell, LLC 55 Madison Ave. Morristown, NJ 07960	Line <u>3.159</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.2	Mazie, Slater, Katz & Freeman, LLC 103 Eisenhower Parkway Roseland, NJ 07068	Line <u>3.68</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.3	Vafa Sarmasti, Esq. Samasti, PLLC 271 US Highway 46 W Suite A205 Fairfield, NJ 07004	Line <u>3.24</u>  <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

<b>5a. Total claims from Part 1</b>	5a.	\$	<div style="background-color: #f2f2f2; padding: 2px; display: inline-block;">Total of claim amounts</div> 0.00
-------------------------------------	-----	----	---

Debtor Affiliated Physicians and Employers Master Trust  
Name

Case number (if known) \_\_\_\_\_

**5b. Total claims from Part 2**

5b. + \$ 1,726,938.42

**5c. Total of Parts 1 and 2**  
Lines 5a + 5b = 5c.

5c. \$ 1,726,938.42

Fill in this information to identify the case:

Debtor name Affiliated Physicians and Employers Master Trust

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining 42 months

List the contract number of any government contract \_\_\_\_\_

Aetna-MSA  
9 Entin Road, Suite 203  
Parsippany, NJ 07054

2.2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining 5 months

List the contract number of any government contract \_\_\_\_\_

Aetna-RX  
9 Entin Road, Suite 203  
Parsippany, NJ 07054

2.3. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

CMR  
80 Cottontail Lane, Suite 204  
Somerset, NJ 08873

2.4. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Cooper Levenson  
1125 Atlantic Ave  
Atlantic City, NJ 08401

Debtor 1 Affiliated Physicians and Employers Master Trust

Case number (if known)

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.5. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining 6 months

List the contract number of any government contract

Deerwalk  
430 Bedford St  
Lexington, MA 02420

2.6. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Delta Dental of NJ-PPO  
1639 Route 10  
Parsippany, NJ 07054

2.7. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Diligent  
1111 19th St NW, 9TH fL.  
Washington, DC 20036

2.8. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Guardian  
4 Campus Drive, Suite 100  
Parsippany, NJ 07054

2.9. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

HCP National  
16A Journey, Suite 150  
Aliso Viejo, CA 92656

2.10. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any

Hueston McNulty  
Anthony Chirles, Jr., Esq.  
Hueston McNulty PC  
256 Columbia Tpke, Suite 207  
Florham Park, NJ 07932

Debtor 1 Affiliated Physicians and Employers Master Trust

Case number (if known)

First Name

Middle Name

Last Name

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Jet Health Solutions  
6301 NW 5th Way  
Suite 1700  
Fort Lauderdale, FL 33309

2.12. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

OCA  
3705 Quakerbridge Road  
Suite 216  
Mercerville, NJ 08619

2.13. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Partner RE  
6900 Wedgewood Road North  
Suite 120  
Maple Grove, MN 55311

2.14. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Princeton Strategies  
160 West State St.  
Trenton, NJ 08608

2.15. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Windsor Strategy Partners, Inc.  
777 Alexander Road  
Suite 201  
Princeton, NJ 08540

**Fill in this information to identify the case:**

Debtor name Affiliated Physicians and Employers Master Trust

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor*

*Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:**

Debtor name Affiliated Physicians and Employers Master Trust

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:  
From 1/01/2021 to Filing Date

☒ Operating a business  
☐ Other \_\_\_\_\_

\$81,626,793.00

For prior year:  
From 1/01/2020 to 12/31/2020

☒ Operating a business  
☐ Other \_\_\_\_\_

\$223,737,988.00

For year before that:  
From 1/01/2019 to 12/31/2019

☒ Operating a business  
☐ Other \_\_\_\_\_

\$208,438,684.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**  
From 1/01/2021 to Filing Date

Interest from Bank

\$26.00

**For prior year:**  
From 1/01/2020 to 12/31/2020

Investment Income

\$1,242,873.00

**For year before that:**  
From 1/01/2019 to 12/31/2019

Investment Income

\$526,714.00

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

Debtor Affiliated Physicians and Employers Master Trust

Case number (if known) \_\_\_\_\_

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. ****SEE ATTACHED RIDER****		\$12,440,322.27	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Samra v. QualCare, Jane Doe, John Doe MON-L-1722-20	Civil	Superior Court of NJ Law Div., Special Civil part Monmouth County PO Box 1251 Freehold, NJ 07728	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Affiliated Physicians and Employers Master Trust

Case number (if known) \_\_\_\_\_

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2.	Cox v. AP MEWA, Aetna ESX-L-0677-21	Civil	Superior Court of New Jersey Essex County Courthouse 50 W. Market Street Newark, NJ 07102	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Brainbuilders v. QualCare, AP MEWA MID-L-001361-21	Civil	Superior Court of New Jersey Middlesex Vicinage Civil Division PO Box 2633 56 Paterson Street New Brunswick, NJ 08903-2633	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

#### Part 4: Certain Gifts and Charitable Contributions

#### 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

#### Part 5: Certain Losses

#### 10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

#### Part 6: Certain Payments or Transfers

#### 11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor Affiliated Physicians and Employers Master Trust Case number (if known) \_\_\_\_\_

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	GENOVA BURNS LLC 110 Allen Road Suite 304 Basking Ridge, NJ 07920	Attorney Fees and filing fee		\$51,738.00
	Email or website address dstolz@genovaburns.com			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
- diagnosing or treating injury, deformity, or disease, or  
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

**Part 9: Personally Identifiable Information**

Debtor Affiliated Physicians and Employers Master Trust

Case number (if known) \_\_\_\_\_

**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

Personally identifiable information is maintained by certain of the Debtor's vendors. The Debtor does not directly retain any information. The Debtor understands these vendors are obligated to protect such information from unauthorized disclosure.

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

- ☒ None

**Part 12: Details About Environment Information**

Debtor Affiliated Physicians and Employers Master Trust

Case number (if known) \_\_\_\_\_

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.**Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
-----------------------	-------------------------------------	--

**26. Books, records, and financial statements****26a.** List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Concord Management Resources 80 Cottontail Lane, Suite 204 Somerset, NJ 08873	12/1/2017 - current

**26b.** List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Debtor Affiliated Physicians and Employers Master Trust

Case number (if known) \_\_\_\_\_

Name and address	Date of service From-To
26b.1. Withum, Smith & Brown 1 Tower Center Blvd. 14th Fl. East Brunswick, NJ 08816	1/1/2019 - current

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Concord Management Resources 80 Cottontail Lane, Suite 204 Somerset, NJ 08873	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. NJ State Dept of Banking and Insurance

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No  
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

## 28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
****SEE ATTACHED RIDER****			

## 29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

## 30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

## 31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

Debtor Affiliated Physicians and Employers Master Trust

Case number (if known) \_\_\_\_\_

- ☒ No  
☐ Yes. Identify below.

**Name of the parent corporation****Employer Identification number of the parent corporation**

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

**Name of the pension fund****Employer Identification number of the parent corporation**

Debtor Affiliated Physicians and Employers Master Trust

Case number (if known) \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on May 24, 2021

/s/ Lawrence Downs

Signature of individual signing on behalf of the debtor

Lawrence Downs

Printed name

Position or relationship to debtor Chairman of Affiliated Physicians and Employers Master Trust

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

☐ No

☒ Yes

A listing of all payments made to creditors within the past ninety (90) days which exceeded \$6,225.00.

Payments processed 2/1/21 - 5/20/21

Vendor Name	Payment #	Payment Date	Payment
AAJ TECHNOLOGIES	21703	2/24/2021	31,335.20
AAJ TECHNOLOGIES	21872	4/7/2021	30,977.00
AAJ TECHNOLOGIES	21882	4/19/2021	29,060.00
AETNA	03/21 ACH	3/22/2021	750,817.62
AETNA	02/21 ACH	2/17/2021	677,714.21
AETNA	05/21 ACH	5/13/2021	614,116.96
AETNA	04/21 ACH	4/22/2021	581,012.33
AP BENEFIT ADVISORS/ASSURED PARTNERS	21892	4/19/2021	50,070.54
AP BENEFIT ADVISORS/ASSURED PARTNERS	22049	5/13/2021	47,844.48
AP BENEFIT ADVISORS/ASSURED PARTNERS	21542	2/15/2021	47,808.07
AP BENEFIT ADVISORS/ASSURED PARTNERS	21720	3/17/2021	42,094.17
BLUE OCEAN BENEFITS	21546	2/15/2021	8,607.41
BLUE OCEAN BENEFITS	21723	3/17/2021	6,259.92
CENTERSTONE INSURANCE & FINANCIAL SVCS	21902	4/19/2021	122,932.92
CENTERSTONE INSURANCE & FINANCIAL SVCS	21553	2/15/2021	119,515.79
CENTERSTONE INSURANCE & FINANCIAL SVCS	22059	5/13/2021	108,630.46
CENTERSTONE INSURANCE & FINANCIAL SVCS	21729	3/17/2021	107,287.63
CHADLER SOLUTIONS	21903	4/19/2021	6,464.64
COASTAL FINANCIAL GROUP	21909	4/19/2021	7,171.91
COASTAL FINANCIAL GROUP	21560	2/15/2021	6,727.84
COASTAL FINANCIAL GROUP	22065	5/13/2021	6,366.51
CONCORD MANAGEMENT RESOURCES	02/21 ACH	2/17/2021	531,968.02
CONCORD MANAGEMENT RESOURCES	03/21 ACH	3/22/2021	522,985.69
CONCORD MANAGEMENT RESOURCES	04/21 ACH	4/22/2021	489,681.85
CONCORD MANAGEMENT RESOURCES	05/21 ACH	5/13/2021	450,054.19
COOPER LEVENSON	04/21 ACH 2	4/30/2021	10,000.00
COOPER LEVENSON	02/21 ACH	2/2/2021	10,000.00
COOPER LEVENSON	04/21 ACH	4/8/2021	10,000.00
COOPER LEVENSON	21706	2/24/2021	10,000.00
DEERWALK, INC	02/21 ACH	2/17/2021	10,874.51
DEERWALK, INC	03/21 ACH	3/22/2021	10,529.28
DEFINITIVE INSURANCE MGMT SERVICES, INC	02/21 ACH	2/17/2021	13,500.00
EMERSON, REID & CO. INC.	21929	4/19/2021	201,611.70
EMERSON, REID & CO. INC.	21582	2/15/2021	184,824.97
EMERSON, REID & CO. INC.	21754	3/17/2021	173,634.35
EMERSON, REID & CO. INC.	22085	5/13/2021	161,512.88
FNA INSURANCE SERVICES, INC.	21931	4/19/2021	22,859.62
FNA INSURANCE SERVICES, INC.	21756	3/17/2021	18,744.60
FNA INSURANCE SERVICES, INC.	22087	5/13/2021	16,160.36
FNA INSURANCE SERVICES, INC.	21586	2/15/2021	11,998.11
GENOVA BURNS, LLC	04/21 ACH	4/8/2021	13,500.00
GUARDIAN LIFE INSURANCE CO.	21863	3/17/2021	8,655.67
GUARDIAN LIFE INSURANCE CO.	21940	4/19/2021	6,947.64
HCP NATIONAL INSURANCE SERVICES	04/21 ACH 2	4/27/2021	52,435.84

HCP NATIONAL INSURANCE SERVICES	03/21 ACH	3/22/2021	14,334.30
HCP NATIONAL INSURANCE SERVICES	02/21 ACH	2/17/2021	14,329.80
HCP NATIONAL INSURANCE SERVICES	04/21 ACH	4/22/2021	13,240.80
HCP NATIONAL INSURANCE SERVICES	05/21 ACH	5/13/2021	12,385.80
JACOBSON, GOLDFARB AND SCOTT, INC	21956	4/19/2021	8,484.24
JACOBSON, GOLDFARB AND SCOTT, INC	21781	3/17/2021	7,100.53
JACOBSON, GOLDFARB AND SCOTT, INC	21614	2/15/2021	6,540.74
KENNETH J CHIellini	21970	4/19/2021	7,374.48
KISTLER TIFFANY BENEFITS	21633	2/15/2021	89,092.25
KISTLER TIFFANY BENEFITS	21974	4/19/2021	76,906.69
KISTLER TIFFANY BENEFITS	22128	5/13/2021	76,372.44
KISTLER TIFFANY BENEFITS	21800	3/17/2021	69,182.83
LANDICE	21635	2/15/2021	23,586.03
LIBERTY LIGHTING GROUP	22134	5/13/2021	28,406.24
LITE DEPALMA GREENBERG	21640	2/15/2021	14,549.29
MARTIN INSURANCE SERVICES INC	21981	4/19/2021	100,095.21
MARTIN INSURANCE SERVICES INC	21807	3/17/2021	85,225.22
MARTIN INSURANCE SERVICES INC	21643	2/15/2021	80,471.90
MARTIN INSURANCE SERVICES INC	22137	5/13/2021	76,501.63
MEEKER SHARKEY ASSOC. LLC	21809	3/17/2021	10,565.29
MEEKER SHARKEY ASSOC. LLC	21983	4/19/2021	10,524.94
MEEKER SHARKEY ASSOC. LLC	22139	5/13/2021	10,173.39
MEEKER SHARKEY ASSOC. LLC	21646	2/15/2021	10,147.22
MONICA CRISTINA MURRAY	22141	5/13/2021	6,753.44
MONICA CRISTINA MURRAY	21985	4/19/2021	6,594.30
MONICA CRISTINA MURRAY	21648	2/15/2021	6,423.29
MONMOUTH PLASTIC SURGERY	21649	2/15/2021	8,929.88
NEW AGENCY PARTNERS, LLC	21988	4/19/2021	6,279.52
O.C.A. BENEFIT SERVICES, LLC	21654	2/15/2021	24,094.44
OCEAN CARDIOVASCULAR	21655	2/15/2021	9,404.20
PARTNERRE AMERICA INSURANCE COMPANY	03/21 ACH	3/22/2021	1,090,955.76
PARTNERRE AMERICA INSURANCE COMPANY	02/21 ACH	2/17/2021	1,090,635.94
PARTNERRE AMERICA INSURANCE COMPANY	04/21 ACH	4/22/2021	1,012,087.20
PARTNERRE AMERICA INSURANCE COMPANY	05/21 ACH	5/13/2021	946,825.60
PINCZEWSKI & BAURKOT PC	21660	2/15/2021	6,412.48
PROFESSIONAL GROUP PLANS	21997	4/19/2021	21,910.29
PROFESSIONAL GROUP PLANS	22154	5/13/2021	21,807.04
PROFESSIONAL GROUP PLANS	21824	3/17/2021	17,134.82
PROFESSIONAL GROUP PLANS	21662	2/15/2021	15,397.52
PRUDENTRX, LLC	21702	2/17/2021	65,067.36
PRUDENTRX, LLC	21825	3/17/2021	62,709.89
PRUDENTRX, LLC	22039	4/30/2021	49,775.63
QUEEN FUNDING LLC	21663	2/15/2021	14,647.76
RR LAKETRANS INC T/A AAMCO TRANSMISSIONS	21833	3/17/2021	7,869.09
SAVOY ASSOCIATES	22004	4/19/2021	115,610.69
SAVOY ASSOCIATES	21834	3/17/2021	102,874.30
SAVOY ASSOCIATES	21674	2/15/2021	102,123.84
SAVOY ASSOCIATES	22160	5/13/2021	96,567.03
STERLING INSURANCE CONCEPTS	22011	4/19/2021	15,712.92

STERLING INSURANCE CONCEPTS	21681	2/15/2021	12,786.28
STERLING INSURANCE CONCEPTS	22168	5/13/2021	11,851.52
STERLING INSURANCE CONCEPTS	21840	3/17/2021	11,799.80
TEAM LIFE	21685	2/15/2021	6,295.29
THE HIC GROUP	21845	3/17/2021	7,147.51
THE HIC GROUP	22016	4/19/2021	6,977.89
THE HIC GROUP	22173	5/13/2021	6,886.39
THE HIC GROUP	21687	2/15/2021	6,808.27
THE PREFERRED CLIENT GROUP, LLC	21847	3/17/2021	19,951.04
THE PREFERRED CLIENT GROUP, LLC	22019	4/19/2021	17,560.69
THE PREFERRED CLIENT GROUP, LLC	21689	2/15/2021	13,037.31
THE PREFERRED CLIENT GROUP, LLC	22175	5/13/2021	12,820.80
WINDSOR STRATEGY PARTNERS, INC	02/21 ACH	2/17/2021	44,655.20
WINDSOR STRATEGY PARTNERS, INC	03/21 ACH	3/22/2021	43,938.70
WINDSOR STRATEGY PARTNERS, INC	04/21 ACH	4/22/2021	42,387.50
WINDSOR STRATEGY PARTNERS, INC	05/21 ACH	5/13/2021	40,609.70
WITHUMSMITH+BROWN	22187	5/13/2021	19,318.00
			12,440,322.27

**RIDER TO SOFA #30**

**TRUSTEES**

Lawrence Downs, Esq.  
Medical Society of NJ  
2 Princess Road  
Lawrenceville, NJ 08648

Frances Keane  
CentraState Health System  
901 W. Main Street  
Freehold, NJ 07728

Rebecca Turetzkin  
New Jersey Chamber of Commerce  
216 West State Street  
Trenton, NJ 08608

Krishna Bhaskarabhatla, MD, MSc,  
FAAFP  
North Jersey IPA-St. Joseph's  
1031 McBride Ave, Suite D208  
Woodland Park NJ 07424

Marc J. Levine, MD  
Medical Society of NJ  
2 Princess Road  
Lawrenceville, NJ 08648

John Vigorita  
VISTA IPA  
95 Summit Avenue, 4th Floor  
Summit, NJ 07901

Rodolfo Colaco, MD  
Trinitas  
431 Elmora Ave.  
Elizabeth, NJ 07208

John Sarno  
Employers Association of New  
Jersey  
30 West Mount Pleasant Ave  
Suite 201  
Livingston, NJ 07039

Mario Vitiello  
Risk Transfer Strategies, LLC.  
21 Apgar Court  
Flemington, NJ 08822

Jose Flores, DO  
Mountainside IPA  
230 Sherman Avenue  
Glen Ridge, NJ 07028

Rohan Somar, MD  
Northwest IPA- St. Clare's Health  
System  
25 Pocono Road  
Denville, NJ 07834

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court  
District of New Jersey**

In re Affiliated Physicians and Employers Master Trust

Debtor(s)

Case No.

Chapter

11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u>50,000.00</u>
Prior to the filing of this statement I have received .....	\$	<u>50,000.00</u>
Balance Due .....	\$	<u>0.00</u>

2. \$ 1,738.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:  
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:  
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;  
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  
d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

May 24, 2021

*Date*

/s/ Daniel M. Stolz

Daniel M. Stolz

*Signature of Attorney*

GENOVA BURNS LLC

110 Allen Road

Suite 304

Basking Ridge, NJ 07920

(973) 467-2700 Fax: (973) 467-8126

dstolz@genovaburns.com

*Name of law firm*

**United States Bankruptcy Court  
District of New Jersey**

In re Affiliated Physicians and Employers Master Trust Case No. \_\_\_\_\_  
Debtor(s) Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
---	----------------	----------------------	------------------

-NONE-

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the Chairman of Affiliated Physicians and Employers Master Trust of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date May 24, 2021 Signature /s/ Lawrence Downs  
Lawrence Downs

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
District of New Jersey**

In re Affiliated Physicians and Employers Master Trust

Debtor(s)

Case No.

Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

I, the Chairman of Affiliated Physicians and Employers Master Trust of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: May 24, 2021

/s/ Lawrence Downs

Lawrence Downs/Chairman of Affiliated Physicians and Employers  
Master Trust  
Signer/Title

AAJ Technologies  
500 W. Cypress Creeek Rd  
Suite 570  
Fort Lauderdale, FL 33309

Acrisure, LLC  
310 Passaic Ave  
Suite 202  
Fairfield, NJ 07004

Aetna  
PO Box 88863  
Chicago, IL 60695-1863

Aetna-MSA  
9 Entin Road, Suite 203  
Parsippany, NJ 07054

Aetna-RX  
9 Entin Road, Suite 203  
Parsippany, NJ 07054

Alliance Benefit Solutions LLC  
1800 Rt. 34, Bldg 2, #207  
Wall, NJ 07719

Altigro Benefit Services  
3 Route 46 West  
Fairfield, NJ 07004

Altomare Financial Group  
1680 Route 23 North  
Suite 200  
Wayne, NJ 07470

Ambassador Benefits Consulting, LLC  
36 Ambassador Drive  
PO Box 8595  
Red Bank, NJ 07701

American Benefits Planning Group  
25 Independence Blvd.  
Suite 102  
Warren, NJ 07059

Amita M. Patel DDS  
659 New Dover Road  
Edison, NJ 08820

Anthony Canderozzi  
10 Swallow Tail Court  
Jackson, NJ 08527

Anthony J. Fonseca Agency, LLC  
PO Box 1044  
Springfield, NJ 07081

Anthony P. Carro  
7 Westbrook Drive  
Morganville, NJ 07751

Anthony S. Cupo Agency  
50 Mount Prospect Ave  
Clifton, NJ 07013

AP Benefit Advisors/Assured Partners  
718 River Road  
Fair Haven, NJ 07704

April L. Masefield  
122 Seminole Ave  
Oakland, NJ 07436

Bala Subramanian  
14 Waldhaven Court  
Piscataway, NJ 08854

BIONJ  
200 Jefferson Park  
Whippany, NJ 07981

BIS Risk Management, Inc.  
520 Speedwell Ave  
Suite 105  
Morris Plains, NJ 07950

Blue Ocean Benefits  
1971 State Hwy 34  
Suite 202  
Wall, NJ 07719

Boynton & Boynton  
21 Cedar Ave  
Red Bank, NJ 07704

Brainbuilders, LLC  
945 River Ave., Suite 201  
Lakewood, NJ 08701

Broker on Demand LLC  
1088 Hoover Drive  
North Brunswick, NJ 08902

Brown & Brown of Pennsylvania LP  
125 E. Elm Street  
Suite 210  
Conshohocken, PA 19428

Cape Life & Health LLC  
1022 Seashore Road  
Cape May, NJ 08204

CBIZ Benefits Insurance Services, Inc.  
700 West 4th Street  
Suite 1100  
Kansas City, MO 64112

Centerpoint Consulting  
461 Somerset St.  
North Plainfield, NJ 07060

Centerstone Insurance & Financial Svcs  
12404 Park Central Drive  
Suite 400S  
Dallas, TX 75251

Chadler Solutions  
100 Passaic Ave.  
Suite 120  
Fairfield, NJ 07004

Chas E Rue & Son, Inc.  
3812 Quakerbridge Road  
Hamilton, NJ 08619

Christina King  
475 Metro Place S. #210  
Dublin, OH 43017

Christopher DeMarco  
72 Eagle Rock Ave., #260  
East Hanover, NJ 07936

Clarke Insurance Agency, Inc.  
211 High Street  
Mount Holly, NJ 08060

CMR  
80 Cottontail Lane, Suite 204  
Somerset, NJ 08873

Coastal Financial Group  
150 River Road  
Suite E3  
Montville, NJ 07045

Concord Management Resources  
399 Campus Dr.  
Suite 300, Floor 3  
Somerset, NJ 08873

Congilose & Associates, Inc.  
2111 Route 34 South  
Wall, NJ 07719

Conner Strong & Buckelew Companies, LLC  
PO Box 99106  
Camden, NJ 08101

Cook Maran & Assocaites, Inc.  
40 Marcus Drive, 3rd Fl.  
Melville, NY 11937

Cooper Levenson  
1125 Atlantic Ave  
Atlantic City, NJ 08401

Core Benefit Concepts, LLC  
338 Post Avenue  
Lyndhurst, NJ 07071

Cornerstone Financial Group  
51 Main Street  
Succasunna, NJ 07876

Corporate Benefit Solutions  
704 Passaic Ave.  
West Caldwell, NJ 07006

Corporate Star, LLC  
1001 West Main St.  
Suite C  
Freehold, NJ 07728

Corporate Synergies Group, LLC  
2 Aquarium Drive  
Suite 200  
Camden, NJ 08103

Dacca Insurance Agency, LLC  
2 Katie Court  
Lakewood, NJ 08701

Daniel Carnicella  
661 Franklin Ave  
Nutley, NJ 07110

Daniel Goldstein Insurance Agency, Inc.  
1119 Somerset Ave.  
Lakewood, NJ 08701

David O'Neill  
8 Baltimore Blvd.  
Sea Girt, NJ 08750

Deepak Belani  
3406 Springbrook Drive  
Edison, NJ 08820

Deerwalk  
430 Bedford St  
Lexington, MA 02420

Deerwalk, Inc.  
430 Bedford Street  
Suite 175  
Lexington, MA 02420

Definitive Insurance Mgmt Services, Inc.  
24 Arnett Ave.  
Suite 115  
Lambertville, NJ 08530

Delta Dental  
1639 Rte 10  
Parsippany, NJ 07054

Delta Dental of NJ-PPO  
1639 Route 10  
Parsippany, NJ 07054

Digital Insurance, Inc.  
200 Galleria Parkway  
Suite 1950  
Atlanta, GA 30339

Diligent  
1111 19th St NW, 9TH fL.  
Washington, DC 20036

Doamm Agency, LLC  
3131 Princeton Pike  
Bldg. #6, Suite #201  
Lawrenceville, NJ 08648

Dominion Financial Group  
766 Shrewsbury Ave.  
Suite 304  
Tinton Falls, NJ 07724

Dorothy Albala  
2131 Burtonsville Drive  
Henderson, NV 89044

Edward J. Marko  
239 Prospect Plains Road  
Suite C202  
Monroe Township, NJ 08831

Elena Novikova  
147 Levinberg Lane  
Wayne, NJ 07470

Eli Benefits LLC  
11 Timber Trail  
Boonton, NJ 07005

Emerson, Reid & Co., Inc.  
3669 River Drive Center II  
Suite 305  
Elmwood Park, NJ 07407

Faenza Family Insurance Agency LC  
285 Gordons Corner Road  
Manalapan, NJ 07726

FFP Insurance Services  
871 Poole Ave.  
Hazlet, NJ 07730

FNA Insurance Services, Inc.  
1000 Woodbury Lane  
Suite 403  
Woodbury, NY 11797

Forest Financial Group  
52 Forest Ave.  
Paramus, NJ 07652

Francis J. White  
PO Box 35  
Kendall Park, NJ 08824

Frank M. Scozzafava  
11 Sunflower Avenue  
Prudential  
Paramus, NJ 07652

Gallagher Benefit Services  
2850 Golf Road  
Rolling Meadows, IL 60008

Garrick Cox, MD LLC  
246 Hamburg Turnpike  
Suite 302  
Wayne, NJ 07470

Gary O. Genuario  
113 East Passaic Ave.  
Bloomfield, NJ 07003

Gerald L. Goldfischer  
1354 River Road  
Teaneck, NJ 07666

Gilbert Carrara Insurance Agency, Inc.  
466 Southern Blvd.  
Washington Bldg., 2nd Fl.  
Chatham, NJ 07928

Glenn E. Stephenson  
3 Werner Way  
Suite 204  
Lebanon, NJ 08833

Glushanok & Associates LLC  
1 International Blvd.  
Suite 720  
Mahwah, NJ 07495

Grinspec of NJ dba Centric Benefits Cons  
219 South Street  
New Providence, NJ 07974

Group Health Solutions, Inc.  
437 E. Allen St., 2nd Fl.  
Hudson, NY 12534

Guardian  
4 Campus Drive, Suite 100  
Parsippany, NJ 07054

Guardian Life Insurance Co.  
PO Box 824404  
Philadelphia, PA 19182-4404

Hafetz and Associates, LLC  
609 New Road  
Linwood, NJ 08221

Harbor Lights Risk Management  
252 Washington St.  
Suite B1  
Toms River, NJ 08753

Harry Riesenbergl  
623 Eagle Rock Ave.  
#382  
West Orange, NJ 07052

HCP National  
16A Journey, Suite 150  
Aliso Viejo, CA 92656

HCP National Insurance Services  
16A Journey, Suite 150  
Aliso Viejo, CA 92656

Healthcare Business Planning Group, LLC  
PO Box 443  
Manalapan, NJ 07726

Henry O. Baker, Inc.  
7 S. Warren St.  
Dover, NJ 07801

Herbert L. Jamison & Co., LLC  
20 Commerce Drive  
Suite 200  
Cranford, NJ 07016

HUB International Northeast Limited  
1393 Veterans Memorial Hwy  
Suite 210N  
Hauppauge, NY 11788

Hudson Shore Group  
141 W. Front St.  
Suite 310  
Red Bank, NJ 07701

Hudson Wealth Management LLC  
30 Broad Street  
Suite 2  
Red Bank, NJ 07701

Hueston McNulty  
Anthony Chirles, Jr., Esq.  
Hueston McNulty PC  
256 Columbia Tpke, Suite 207  
Florham Park, NJ 07932

Hueston McNulty, P.C.  
256 Columbia Turnpike  
Suite 207  
Florham Park, NJ 07932

Ideal Insurance Agency  
326 3rd Street  
Lakewood, NJ 08701

Innovative Captive Strategies, LLC  
2727 Grand Prairie Parkway  
Waukee, IA 50263

Innovative Life and Health Corp.  
116 Tamarack Circle  
Skillman, NJ 08558

Insurance Compliance Agency, Inc.  
2 Kellie Court  
Califon, NJ 07853

Integrative Health & Benefit Solutions L  
14 Carol Place  
Freehold, NJ 07728

Integrity Health LLC  
76 W. Gilbert St.  
Red Bank, NJ 07701

IOA Northeast Inc.  
1451 Route 34  
Suite 100  
Farmingdale, NJ 07727

J.D. Moschitto & Associates, Inc.  
2 Lyon Place  
White Plains, NY 10601

Jabulani Lovelace  
282 Dewey Place  
Teaneck, NJ 07666

Jacobson, Goldfarb and Scott, Inc.  
101 Crawford's Corner Road  
Suite 1300  
Holmdel, NJ 07733

James Dawson/Dawson Benefits  
24 Torton Road  
Mahwah, NJ 07430

James Laplaca  
520 New Jersey Avenue  
Brick, NJ 08724

James M. Restaino  
555 South Ave. East  
Unit 432  
Cranford, NJ 07016

James McNamara  
119 Hillcrest Ave.  
Neptune, NJ 07753

Jamie A. Betar  
1305 Campus Parkway  
Wall Township, NJ 07753

Jerome P. Goldberg  
110 Fieldcrest Ave.  
Suite 20  
Edison, NJ 08837

Jerzy Wiech  
11 Delbarton Ct.  
Hackettstown, NJ 07840

Jet Health Solutions  
6301 NW 5th Way  
Suite 1700  
Fort Lauderdale, FL 33309

John C. Haugh  
39 Michelle Way  
Pine Brook, NJ 07058

Johnson Kendall & Johnson Benefits Inc.  
109 Pheasant Run  
Newtown, PA 18940

Joseph Curcio  
327 Tulip Lane  
Freehold, NJ 07728

Karabulut and Co Ins Agency LLC  
318 Clifton Ave  
Clifton, NJ 07011

Karen R. Kuiphoff  
39 North Western Ave  
Butler, NJ 07405

Karl W. Keller  
840 Vail Road  
Parsippany, NJ 07054

Katz Pierz Inc.  
413 Marlton Pike East  
Suite 110  
Cherry Hill, NJ 08034

Kbenefits, LLC  
13 Mead Avenue  
Freehold, NJ 07728

Kenneth J. Chiellini  
249 Rockland Ave  
River Vale, NJ 07675

Keown Insurance Group, LLC  
640 Bensel Drive  
Landing, NJ 07850

Kevin Schaffer Insurance Concepts  
10 W. 18th St.  
Ocean City, NJ 08226

Keystone Planning Group, LLCQ  
1303 Greenway Blvd.  
Roselle, NJ 07203

Kistler Tiffany Benefits  
400 Berwyn Park, Suite 200  
899 Cassatt Road  
Berwyn, PA 19312

Konteego LLC  
50 Division St., Suite 202  
Somerville, NJ 08876

Kore Insurance Holdings LLC  
354 EWisenhower Parkway  
Livingston, NJ 07039

Kristin M. Belger  
PO Box 552  
Manasquan, NJ 08736

Laurie Goldsmith-Heitner, CLU  
750 Castleman Drive  
Westfield, NJ 07090

Law Office of Cohens and Howard LLP  
766 Shrewsbury Ave  
Tinton Falls, NJ 07724

Lawall & Mitchell, LLC  
55 Madison Ave.  
Morristown, NJ 07960

Liberty Insurance Agency Inc.  
525 Route 33  
Millstone Township, NJ 08535

Lincoln Management Corp.  
703 Hommann Ave  
Perth Amboy, NJ 08861

Marsh & McLennan Agency, LLC  
250 Pehle Ave, Suite 400  
Park 80 West, Plaza Two  
Saddle Brook, NJ 07663

Martin Insurance Services Inc.  
259 Prospect Plains Road  
Bldg. F, Suite 110  
Cranbury, NJ 08512

Mazie, Slater, Katz & Freeman, LLC  
103 Eisenhower Parkway  
Roseland, NJ 07068

Medical Society of NJ Insurance Agency  
2 Princess Road  
Lawrenceville, NJ 08648

Meeker Sharkey Assoc. LLC  
21 Commerce Drive  
Suite 200  
Cranford, NJ 07016

Mercherie Bladzinski  
801 SW San Antonio Dr  
Palm City, FL 34990

Mid Atlantic Benefit Strategies  
1800 Route 34  
Building 2, Suite 201  
Wall, NJ 07719

Middlesex Emergency Physicians PA  
PO Box 634575  
Cincinnati, OH 45263-4575

MJL Insurance Agency  
1075 Route 82  
Suite 6  
Hopewell Junction, NY 12533

Monica Cristina Murray  
33506 Windcrest Estates Blvd.  
Magnolia, TX 77354

Name Benefits Inc.  
170 Route 31, Suite 13  
Flemington, NJ 08822

New Agency Partners, LLC  
20 Waterview Blvd, Suite 401  
Parsippany, NJ 07054

Nick Shah  
1449 Washington Valley Road  
Bridgewater, NJ 08807

NJ Association of Health Underwriters  
312 North Avenue East  
Suite 5  
Cranford, NJ 07016

Northeast Professional Planning Group  
494 Sycamore Ave  
Shrewsbury, NJ 07702

O.C.A. Benefit Services, LLC  
3705 Quakerbridge Road  
Suite 216  
Mercerville, NJ 08619

OCA  
3705 Quakerbridge Road  
Suite 216  
Mercerville, NJ 08619

Otterstedt Insurance Agency  
540 Sylvan Ave  
Englewood Cliffs, NJ 07632

Park Avenue Insurance Agency  
410 Monmouth Ave  
Suite 302  
Lakewood, NJ 08701

Partner RE  
6900 Wedgewood Road North  
Suite 120  
Maple Grove, MN 55311

Partnerre America Insurance Company  
450 Sansome Street, 4th Fl.  
San Francisco, CA 94111

Patrick Bernard Grant  
481 Upper Blvd.  
Ridgewood, NJ 07450

Patrick M. Kuster  
268 N. Chestnut St.  
Massapequa, NY 11758

Philip Siciliano  
65 Swimming River Road  
Lincroft, NJ 07738

Precision Benefits Group  
2325 Brown St., Suite 1F  
Philadelphia, PA 19130

Princeton Institute of Languages  
dba Inlingua  
100 Canal Point Blvd, Suite 206  
Princeton, NJ 08540

Princeton Strategic Comm  
160 W. State St., Suite 7  
Trenton, NJ 08608

Princeton Strategies  
160 West State St.  
Trenton, NJ 08608

Professional Group Plans  
PO Box 21219  
New York, NY 10087-1219

Prudentrx, LLC  
3820 Northdale Blvd.  
Suite 311A  
Tampa, FL 33624

R. Stephens Financial, Inc.  
10 Wilsey Square  
Ridgewood, NJ 07450

Rakesh K. Sharma  
c/o New York Life Insurance  
379 Thornall St., 8th Fl.  
Edison, NJ 08837

Renee M. Snyder  
54 Sandpiper Drive  
Manalapan, NJ 07726

Robert D'Meo  
276 Main St.  
Metuchen, NJ 08840

Robert Siegel  
5 Roehm Court  
West Orange, NJ 07052

Robert Van Riper Insurance Agency, Inc.  
10 Orchard Road  
Pompton Plains, NJ 07444

Robert Wolf  
355 Lexington Ave.  
22nd Fl.  
New York, NY 10017

Ronald J. Costello  
195 Maple Ave.  
Red Bank, NJ 07701

Samra Plastic Surgery  
733 North Beers Street  
Holmdel, NJ 07733

Savoy Associates  
25B Hanover Road  
Florham Park, NJ 07932

SDF Associates 1991 Ltd.  
571 McDonald Ave.  
Brooklyn, NY 11218

Shore Benefits Brokerage LLC  
4 Interlaken Drive  
Interlaken, NJ 07712

Sovos Compliance LLC  
200 Ballardville St.  
Building #1, 4th Fl.  
Wilmington, MA 01887

Specialized Health Services LLC  
555 South Avenue East  
Unit 432  
Cranford, NJ 07016

Stanely H. Allen, Inc.  
630 S. Brewster Road, Bldg. C  
PO Box 790  
Vineland, NJ 08362-0790

State of New Jersey General Treasury  
20 West State St.  
PO Box 325  
Trenton, NJ 08625

Stephen Bartsch  
364 Parsippany Road  
Suite 10B  
Parsippany, NJ 07054

Stephen Degersdorff  
161 Little Silver Point Road  
Little Silver, NJ 07739

Sterling Insurance Concepts  
902 East County Line Road  
Lakewood, NJ 08701

Strategic Benefits Group LLC  
PO Box 480  
Roseland, NJ 07068

Strategic Group Partners LLC  
14 Ave K  
Monroe Township, NJ 08831

Strategic Underwriting Solutions, Inc.  
2593 Development Drive  
Suite 200  
Green Bay, WI 54311

Susan Rymer  
264 Branchport Ave  
Long Branch, NJ 07740

Suzanne Seligson  
87 Buckingham Road  
Montclair, NJ 07043

Temple FAC Endocrinology  
PO Box 824940  
Philadelphia, PA 19182-4940

The Hamilton Group  
3 Wing Drive  
Cedar Knolls, NJ 07927

The HIC Group  
20 Waterview Blvd.  
Suite 401  
Parsippany, NJ 07054

The O'Connor Group  
15 Wychview Drive  
Westfield, NJ 07090

The Preferred Client Group LLC  
11 Fowler Drive  
West Orange, NJ 07052

The Stratford Financial Group, Inc.  
271 Route 46 West  
Suite G-206  
Fairfield, NJ 07004

The Wilshire Group  
2035 Lincoln Highway  
Suite 1080  
Edison, NJ 08817

Thomas Gawron  
4 Talina Court  
Ramsey, NJ 07446

Thomas Giunta  
203 Arbutus Ave  
Staten Island, NY 10312

Total Transit Solutions, Inc.  
108 Williamsburg Lane  
Lakewood, NJ 08701

Two River Benefits Consultants, LLC  
818 Shrewsbury Ave  
Tinton Falls, NJ 07724

USI Insurance Services LLC  
200 Summit Lake Drive  
Suite 350  
Valhalla, NY 10595

Vafa Sarmasti, Esq.  
Samasti, PLLC  
271 US Highway 46 W  
Suite A205  
Fairfield, NJ 07004

Vincent Pace  
4 Van Duyne Ct  
Towaco, NJ 07082

Whitney H Roddy Inc.  
PO Box 149  
Bloomfield, NJ 07003

William A. Narduzzi  
PO Box 480  
Roseland, NJ 07068

William Henry Phelan  
78 Main St.  
PO Box 759  
Madison, NJ 07940

William O'Shea  
45 N. Broad St.  
Ridgewood, NJ 07450

Willis of New Jersey, Inc.  
150 John F. Kennedy Parkway  
Suite 520  
Short Hills, NJ 07078

Windsor Strategy Partners, Inc.  
777 Alexander Road  
Suite 201  
Princeton, NJ 08540

WithumSmith & Brown  
506 Carnegie Center  
#400  
Princeton, NJ 08540

Workplace Benefits  
13 Patricia Lane  
Sparta, NJ 07871

World Insurance Associates LLC  
656 Shrewsbury Ave  
Suite 200  
Tinton Falls, NJ 07701

Zimmerman Financial Group, Inc.  
7 Stadelman Court  
Kendall Park, NJ 08824

**United States Bankruptcy Court  
District of New Jersey**

In re Affiliated Physicians and Employers Master Trust

Debtor(s)

Case No.

Chapter

11

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Affiliated Physicians and Employers Master Trust in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

May 24, 2021

Date

/s/ Daniel M. Stolz

Daniel M. Stolz

Signature of Attorney or Litigant

Counsel for Affiliated Physicians and Employers Master Trust

GENOVA BURNS LLC

110 Allen Road

Suite 304

Basking Ridge, NJ 07920

(973) 467-2700 Fax:(973) 467-8126

dstolz@genovaburns.com